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ABSTRACT

This packet of materials is Phase 1 of a toolkit designed to enlighten education leaders about the need for HIV prevention for youth, especially in communities of color. One element of the toolkit is a VHS videotape that features a brief message from former Surgeon General, Dr. David Satcher. The toolkit also includes a copy of a letter sent to constituents about the toolkit and a series of fact sheets on the current state of HIV/AIDS in Communities of Color. "HIV/AIDS and African Americans"; "HIV/AIDS and Minority Women;" "HIV/AIDS and Hispanics"; "HIV/AIDS and Adolescents and Young Adults"; "HIV/AIDS and American Indians/Alaska Natives"; "HIV/AIDS and Asian Americans/Pacific Islanders"; "HIV/AIDS and the Caribbean" (Puerto Rico and the U.S. Virgin Islands); and "HIV/AIDS and the United States." Appended is a sample op-editorial column, "Youth AIDS Prevention Requires a 'Community Classroom'" (David Satcher). (SM)

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ED 463 246

HIV Prevention in Schools: A Tool Kit for Education Leaders

National Association of State Boards of Education

National School Boards Association

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NASBE
NATIONAL ASSOCIATION OF STATE BOARDS OF EDUCATION

NSBA
National School Boards Association

February 5, 2002

Dear Education Leader:

Since 1987, the National Association of State Boards of Education and the National School Boards of Education have been working with education policymakers to strengthen the role of schools in the prevention of HIV infection. Much progress has been made. The proof is in the overall increase in the numbers of students who have received HIV prevention education, the increase in the number of youth who are delaying sexual activity, and the decrease in the number of partners of those who are still engaging in intercourse.

Sadly, the most current data tell us that 25% of all new HIV infections occur among 13-to-21 year olds. Equally alarming is the fact that youth from communities of color are disproportionately impacted by the HIV epidemic. It is obvious that we must strengthen the capacity of schools to stop the spread of HIV among yong people. With this goal in mind, NASBE and NSBA have partnered with the Office of the U.S. Surgeon General and the Centers for Disease Control and Prevention to develop a tool kit to assist state and local board of education members in their leadership efforts to help prevent the spread of HIV infection among young people, particularly among youth from communities of color.

The tool kit is being provided in two parts: Enclosed is Part 1: Fact sheets, a video message from the Surgeon General, and a sample op-ed column. We hope that you find the enclosed materials valuable to your leadership role as an educator and as a community member. As soon as other materials have completed their required review, we will forward them to you. If you have any questions about these materials and the issues related to HIV/AIDS and the schools, please contact Carlos Vega-Matos at NASBE (703-684-4000) or Brenda Z. Greene at NSBA (703-838-6756).

Very truly yours,

Brenda L. Welburn
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The Leadership Campaign on AIDS

The Current State of HIV/AIDS in Communities of Color

Attached are the following fact sheets:

- HIV/AIDS and African Americans
- HIV/AIDS and Minority Women
- HIV/AIDS and Hispanics
- HIV/AIDS and Adolescents and Young Adults
- HIV/AIDS and American Indians/Alaska Natives
- HIV/AIDS and Asian Americans/Pacific Islanders
- HIV/AIDS and the Caribbean
- HIV/AIDS and The United States

Note: The models shown are for illustrative purposes only

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The Leadership Campaign on AIDS

HIV/AIDS continues to take a devastating toll, both around the world and at home, among people of color who are affected disproportionately by this disease. Communities have a critical role to play in the fight against HIV/AIDS, and they must not let the competing challenges that confront them limit their abilities to address this devastating disease. The Leadership Campaign on AIDS is designed to assist communities of color to take action.

The Problem

The Problem

With the majority of new HIV infections occurring among people of color, HIV/AIDS is having a devastating and disproportionate impact on communities of color throughout the United States. Twenty years ago, people mistakenly believed that it was a disease only infecting and affecting the gay white community. Today, this misperception and misconception has resulted in high infection and mortality rates within communities of color. Issues of fear, stigma and ignorance surrounding HIV disease and those impacted by the disease allow the virus to spread at alarmingly rapid rates. This health crisis demands urgent and sustained leadership from within communities of color.

The Solution

The Solution

In response to the growing crisis facing communities of color, the Department of Health and Human Services (HHS) launched The Leadership Campaign on AIDS (TLCA) in the fall of 1999 at the direction of the Surgeon General. This bold initiative continues to make significant in-roads within communities of color throughout the country educating, motivating and mobilizing leaders and communities in the fight against HIV/AIDS. As a complement to other HHS HIV/AIDS programs, TLCA's unique approach targets and supports minority leadership to break down the stigma, fear and denial that impede prevention and treatment efforts and to build partnerships that amplify an effective response to HIV in these communities.

TLCA is built on the philosophy that communities know best what their needs are and the activities required to best address those needs. With this guidance, TLCA works to change how leadership and communities perceive at-risk individuals and how those individuals feel they are perceived. TLCA strives to reenergize and develop a commitment across the public and private sectors in the fight against this epidemic within communities of color. This includes working within government to augment or modify programs to better serve people of color. The health of all communities depends on proactive leadership and action to stem the growing trend of HIV disease.

The Resource

The Resource

Together in partnership, we can continue to make a positive difference. For more information on The Leadership Campaign on AIDS, please contact Miguel Gomez, Senior Policy Analyst, with the Office of HIV/AIDS Policy, at (202) 690-5560 or by email at: mgomez@osophs.dhhs.gov

The Leadership Campaign on AIDS is a program of the Office of HIV/AIDS Policy - (202) 690-5560 - www.surgeongeneral.gov/AIDS

Note: The models shown are for illustrative purposes only.

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The Leadership Campaign on AIDS

JOIN THE FIGHT AGAINST HIV/AIDS!

Educate, Motivate & Mobilize to Stop HIV/AIDS!

Did YOU Know?

- By June 2000, more African Americans/Blacks were reported with HIV than any other racial/ethnic group.
- HIV infection is one of the leading causes of death for Hispanics/Latinos ages 25 to 44.
- Asian American/Pacific Islander and American Indian/Alaska Native men who have sex with men are increasingly impacted by HIV.
- More than 800,000 persons are living with HIV/AIDS, and the majority are people of color.
- An estimated half of all new HIV infections are among people under 25 years of age.

TLCA and YOU: Fighting HIV/AIDS in Communities of Color!

With such staggering numbers, people of color are doing more to fight HIV/AIDS. The Leadership Campaign on AIDS (TLCA) is working with community leaders to increase HIV/AIDS knowledge, awareness, and most important, action in communities of color. **Fear and discrimination** are blocking efforts to prevent the spread of HIV/AIDS. They are also keeping people from getting tested and into care. **You can help break the silence.** You can take the lead in fighting HIV/AIDS in your community!

What Can YOU Do?

- Learn more about HIV/AIDS and its impact on your community.
- Protect yourself from HIV infection! Know the risks associated with sex and drug use.
- Get tested! It's important to know your HIV status to protect yourself and others!
- Get medical care and support if you're living with HIV! Effective treatments exist!
- Educate others about HIV/AIDS. Talk openly and honestly about prevention and treatment.
- Volunteer at a local HIV/AIDS organization.
- Post fact sheets about HIV/AIDS on bulletin boards and in local newsletters.
- Organize a community meeting. Invite educators, religious and business leaders, health care professionals, neighbors and friends to talk about HIV/AIDS and its impact locally. Even if three people show up, change can happen!
- Help someone living with HIV/AIDS by being a friend.
- Don't tolerate AIDS discrimination!
- Believe that your efforts can make a difference in the fight against HIV/AIDS!

To Learn More...

- Visit the Surgeon General's HIV/AIDS website at: **www.surgeongeneral.gov/AIDS**
- Call the National AIDS Hotline at 800-342-AIDS (Spanish 800-344-7432, TTY-800-243-7889).
- Order free materials from the CDC National Prevention Information Network at 800-458-5231.
- Call your doctor or other health care provider.
- Contact your local or state public health department.

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Note: The models shown are for illustrative purposes only.

HIV/AIDS & African Americans

- Through December 2000, 774,467 AIDS cases have been reported to the Centers for Disease Control and Prevention. Black individuals accounted for:

  38% of **total** AIDS cases
  58% of total AIDS cases among **women**
  59% of total AIDS cases among **children** [1]

- From January 2000 – December 2000, **47%** of reported AIDS cases were among Black adults and adolescents.

- In 1998, men of color represented **52%** of AIDS cases among men who had sex with men. By comparison, in 1989, men of color represented only **31%** of AIDS cases in men who had sex with men. [2]

- Of the estimated 40,000 new HIV infections each year, greater than **50%** occur among African Americans.

- In areas with confidential HIV reporting, African Americans comprised nearly **52%** of persons diagnosed with HIV (but who had not developed AIDS) through December 2000. [1]

- An estimated **1 in 50** African American men and **1 in 160** African American women are infected with HIV.

- African American children (under the age of 13) represent almost two-thirds (**64%**) of all reported pediatric HIV cases in the United States.

- For Black individuals 25 – 44 years of age, HIV/AIDS was the **leading** cause of death in 1998. HIV/AIDS was the second leading cause of death for Black men and the third leading cause of death for Black women in this age group. [3]

For more information on HIV/AIDS and African Americans contact *the Centers for Disease Control and Prevention at 1-800-458-5231 or on the Internet at www.cdcnpin.org.*

The terms "African American" and "Black" are used interchangeably to include those individuals who self-identify as either.

[1] Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report*, 2000; Vol 12 (No. 2).
[2] Centers for Disease Control and Prevention, HIV/AIDS Among Racial/Ethnic Minority Men Who Have Sex with Men -- United States, 1989-1998, *Morbidity and Mortality Weekly Report*, January 14, 2000/49(01); 4-11.
[3] National Center for Health Statistics, *National Vital Statistics Reports*, July 2000.

HIV/AIDS & Minority Women

- Through December 2000, of the 774,467 AIDS cases reported to the Centers for Disease Control and Prevention, 129,190 occurred in females. Black and Hispanic women accounted for roughly **78%** of those cases, and Asian American/Pacific Islander (AA/PI) and American Indian/Alaska Native (AI/AN) women comprised nearly **1%** of those cases. A similar trend is seen in new HIV infections among women.[1]

- The proportion of AIDS cases among women, especially among women of color, continues to rise. During 2000, women represented **25%** of new AIDS cases compared to only **11%** in 1990 and **6%** in 1982.[1]

- During 2000, Black and Hispanic women accounted for **80%** of AIDS cases reported among women.[1]

- Women across racial/ethnic groups most commonly report **heterosexual contact** or **injection drug use** as their primary modes of exposure to HIV, while AA/PI females more commonly report heterosexual contact.[1]

- In areas with confidential HIV reporting, persons ages 13 to 24 accounted for **16%** of newly reported HIV cases (not AIDS) from July 1999 - June 2000. Of these persons, females accounted for **48%** of the cases in this age group.[1]

- HIV/AIDS was the **third** leading cause of death among African American women ages 25 to 44 in 1998. In that year, the AIDS death rate for African American women ages 25 to 44 was **twenty-one times higher** than the AIDS death rate for White women in the same age group.[2]

For more information on HIV/AIDS and women contact the Centers for Disease Control and Prevention at 1-800-458-5231 or on the Internet at www.cdcnpin.org.

The terms "African American" and "Black" are used interchangeably to include those individuals who self-identify as either. The term "Hispanic" includes those individuals who self-identify as "Latino/a" or "Hispanic."

[1] Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report*, 2000; Vol. 12 (No. 2).
[2] National Center for Health Statistics, *National Vital Statistics Reports*, July 2000.

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HIV/AIDS & HISPANICS

- Through December 2000, 774,467 AIDS cases have been reported to the CDC. Hispanics accounted for:

  18% of **total** AIDS cases
  20% of total AIDS cases among **women**
  23% of total AIDS cases among **children**[1]

- Of the adult and adolescent Hispanics reported with AIDS in the United States through June 2000, **82%** were men.[1]

- From January 2000 - December 2000, **19%** of adult and adolescent AIDS cases reported were among Hispanics.[1]

- In 1998, men of color represented **52%** of AIDS cases among men who have sex with men. In 1989, men of color represented **31%** of AIDS cases among this same group.[2]

- HIV/AIDS was the **third** leading cause of death for Hispanic men aged 25 - 44 in 1998. For that same age group, HIV/AIDS was the **fourth** leading cause of death for Hispanic women in 1998.[3]

For more information on HIV/AIDS and Hispanics contact the Centers for Disease Control and Prevention at 1-800-458-5231 or on the Internet at www.cdcnpin.org.

The term "Hispanic" includes those individuals who self-identify as "Latino/a" or "Hispanic."

[1] Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, 2000;* Vol. 12 (No. 2).
[2] Centers for Disease Control and Prevention, *HIV/AIDS Among Racial/Ethnic Minority Men Who Have Sex with Men — United States, 1989-1998, Morbidity and Mortality Weekly Report,* January 14, 2000/49(01); 4-11.
[3] National Center for Health Statistics, National Vital Statistics Report, July 2000.

HIV/AIDS & Adolescents & Young Adults

- Out of the 774,467 AIDS cases that have been reported to the Centers for Disease Control and Prevention (CDC) through December 2000, 31,293 have been among persons 13 - 24 years of age.[1]
- During 2000, alone, 1,688 AIDS cases were reported among young people, including: 342 among adolescents 13 -19 years old, and 1,346 among young adults 20 - 24 years old.[1]
- Black males aged 13 - 24 comprised **37%** of AIDS cases for their age group among males, while Black females accounted for **59%** of AIDS cases among females in the same age group.[1]
- Although only **15%** of the adolescent population in the United States is Black, **64%** of AIDS cases reported in 2000 among 13 - 19 year olds were among Blacks. Hispanics, comprising **15%** of the adolescents in this age group, accounted for **20%** of the newly reported cases.[2]
- Persons aged 13 - 24 accounted for **16%** of new HIV (not AIDS) cases reported between July 1999 and June 2000 in areas with confidential HIV reporting. Women accounted for **48%** of the cases in this age group.[1]
- Through December 2000, there were 4,061 adolescents 13 - 19 years of age reported with AIDS, and 5,580 persons in this age group reported with HIV, according to data from areas with confidential HIV surveillance.[1]
- As of December 2000, young Black females between 13 - 19 represented **73%** of all persons diagnosed with HIV (but who had not developed AIDS) among young women in this age group.[1]
- As of December 2000, young Black adults (ages 20 - 24) represented **53%** of all persons diagnosed with HIV (but who had not developed AIDS), Whites were **37%**, and Hispanics were **8%** of HIV cases in this age group.[1]

For more information on HIV/AIDS and the youth population of the United States, contact the Centers for Disease Control and Prevention 1-800-458-5231 on the Internet at www.cdcnpin.org.

The terms "African American" and "Black" are used interchangeably to include those individuals who self-identify as either. The term "Hispanic" includes those individuals who self-identify as "Latino/a" or "Hispanic."

[1] Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, 2000;* Vol. 12 (No. 2).
[2] Centers for Disease Control and Prevention, *HIV/AIDS Surveillance in Adolescents*, L26S Slide Series (through 1999) on the Internet at www.cdc.gov/hiv/graphics/adolesnt.htm.

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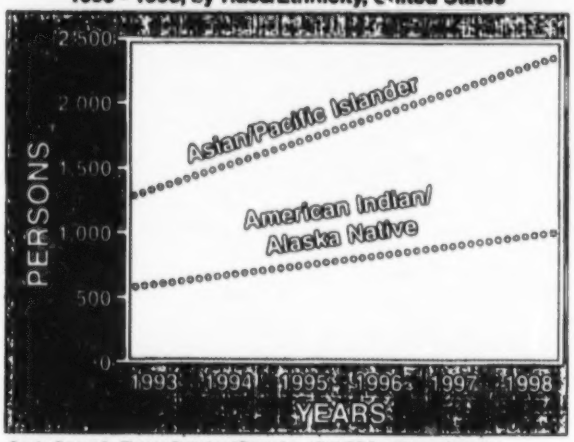
HIV/AIDS

AMERICAN INDIANS/ ALASKA NATIVES

HIV/AIDS is devastating communities of color around the globe in ways that we don't fully comprehend. What we DO know about HIV/AIDS is that it is preventable. Know the facts and join us in the fight against HIV/AIDS!

Estimated Number of Persons Living with AIDS, 1993 - 1998, by Race/Ethnicity, United States



Graph: Centers for Disease Control and Prevention. HIV/AIDS Surveillance, General Epidemiology L178 Slide (through 1998) on the Internet at www.cdc.gov/hiv/graphics/surveil.htm.

- Ten states account for nearly 2/3 of the AI/AN population (OK, CA, AZ, NM, AK, WA, NC, TX, NY, MI). Of these states, seven have been reporting HIV data to CDC, two have recently initiated HIV surveillance programs, and presently CA has its program under consideration.[1]
- The CDC estimates that approximately 200,000 or more people are infected with HIV and don't know it. Efforts to increase knowledge of HIV status among American Indians and Alaska Natives are needed.[2]

Major obstacles in the fight against HIV/AIDS in AI/AN communities are:

- Insufficient HIV surveillance systems
- Frequent misclassification of an individual's ethnicity as Latino, White, or Asian
- Lack of access to confidential testing and care
- HIV diagnosis is often made late in the disease's progression
- Many people do not recognize themselves or their partners as being at risk of HIV infection

For more information on HIV/AIDS in the United States contact the Centers for Disease Control and Prevention at 1-800-458-5231 or on the Internet at *www.cdcnpin.org*.

[1] Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report*, 2000; Vol. 12 (No. 2).
[2] Centers for Disease Control and Prevention, Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome, *Morbidity and Mortality Weekly Report*, December 18, 1998/48 (RR13);18.

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WHAT WE KNOW...

- According to the Centers for Disease Control and Prevention (CDC) data reported through December 2000, 2,337 American Indians/Alaska Natives (AI/AN) from all states and territories were diagnosed with AIDS.[1]
- Like other communities of color, the number of AI/AN persons living with AIDS continues to rise (refer to the chart for more details).
- Of the states and territories that have confidential HIV reporting, 871 American Indians/Alaska Natives were reported with HIV (but had not developed AIDS) as of December 2000. These cases were predominantly among men ages 25-29 and 30-34 and women ages 20-24, 30-34 and 35-39.[1]

Within Native communities, those most affected by HIV (and who had not developed AIDS) were[1]:

- Men who have sex with men — **51%** of Native men reported with HIV infection
- Women who were infected through heterosexual contact — **41%** of Native women reported with HIV infection
- Injection drug users — **17%** of Native men and women reported with HIV infection

LET'S TAKE ACTION!

In order to fight against HIV/AIDS in AI/AN communities, we need to address and better understand the following issues:

- The social, economic, spiritual, and geographic diversity that exists among different AI/AN communities,
- The need to improve surveillance systems for HIV/AIDS with the cooperation of state and territorial health departments, the Indian Health Service, and the CDC,
- Related public health disparities that signal potential risk of HIV infection (e.g., high rates of teen pregnancy, sexually transmitted diseases, and substance or alcohol use/abuse),
- The inclusion of community leadership (including parents, teachers, tribal leaders, etc.) in HIV/AIDS dialogue.

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MAJOR CHALLENGES IN THE FIGHT AGAINST HIV/AIDS IN AA/PI COMMUNITIES ARE:

- Tremendous growth in the population
- HIV/AIDS surveillance system that cannot adequately describe the diversity of the population (i.e., 100+ languages and dialects in AA/PI persons living in the U.S.)
- HIV diagnoses are often made late in the disease's progression
- Lack of culturally/linguistically appropriate HIV prevention and treatment services

LET'S TAKE ACTION!

Here are some suggestions on how to fight HIV/AIDS in AA/PI communities:

- Continue to learn and share information about how HIV/AIDS is affecting AA/PI communities.
- Volunteer and support AA/PI community-based organizations (CBOs) providing HIV prevention and care services in critical states and regions across the U.S. (refer to ten key states above).
- Help increase AA/PI representation in your local HIV prevention community planning and Ryan White CARE Act planning processes.
- Create culturally/linguistically appropriate HIV prevention and treatment materials and services.

RESOURCES!

- Asian and Pacific Islander American Health Forum—Tel: (415) 954-9988 or URL: www.apiahf.org
- Physicians Guide to Working with Asians and Pacific Islanders Living with HIV—a manual produced by the Asian and Pacific Islander Wellness Center— (415) 292-3400, TTY: (415) 292-3410 or www.apiwellness.org
- "What Are Asian and Pacific Islander HIV Prevention Needs?" fact sheet developed by the University of California–San Francisco, Center for AIDS Prevention Studies—(415) 597-9100 or www.caps.ucsf.edu/API.html
- Order free materials from the Centers for Disease Control and Prevention at: (800) 458-5231 or www.cdcnpin.org
- Pocket Guide to Minority Health Resources—lists AA/PI CBOs and more! Call: (800) 444-6472

[1]Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, 2000*; Vol. 12 (No.2).

[2]State of Hawaii, *AIDS Surveillance Quarterly Report*, December 2000.

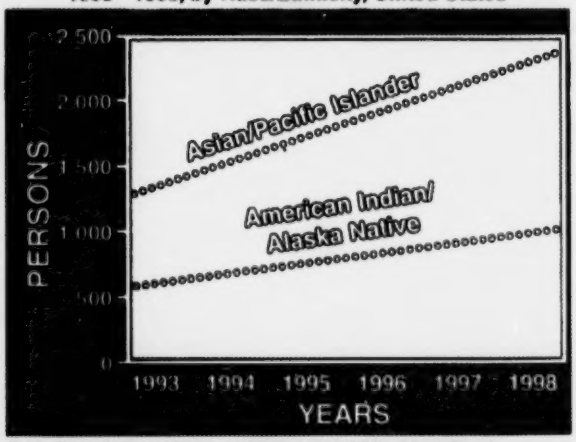
[3]President's Advisory Commission on Asian Americans and Pacific Islanders. *A People Looking Forward: Action for Access and Partnerships in the 21st Century, Interim Report to the President*. January 2001. URL: www.aapi.gov

[4]Centers for Disease Control and Prevention. HIV Incidence Among Young Men Who Have Sex With Men – Seven U.S.Cities, 1994-2000. *MMWR Morbidity and Mortality Weekly Report*, 2001; JO: 440-444.

HIV/AIDS & ASIAN AMERICANS/ PACIFIC ISLANDERS

HIV/AIDS IS DEVASTATING COMMUNITIES OF COLOR AROUND THE GLOBE IN WAYS THAT WE DON'T FULLY COMPREHEND. WHAT WE DO KNOW IS THAT MORE ASIAN AMERICANS/PACIFIC ISLANDERS ARE BECOMING INFECTED. KNOW THE FACTS AND JOIN THE FIGHT AGAINST HIV/AIDS!

Estimated Number of Persons Living with AIDS, 1993 - 1998, by Race/Ethnicity, United States



Graph: Centers for Disease Control and Prevention. HIV/AIDS Surveillance, General Epidemiology L178 Slide (through 1998) on the Internet at www.cdc.gov/hiv/graphics/surveill.htm.

WHAT WE KNOW:

- Like other communities of color, the number of Asian Americans and Pacific Islanders (AA/PI) living with AIDS continues to rise (refer to the graph for more details).[1]
- Through December 2000, Asian Americans/Pacific Islanders are just under **1%** of the reported AIDS cases[1]; some areas reported higher proportions (e.g. the AA/PI population represented **27%** of reported AIDS cases in Hawaii [2]).
- Through December 2000, 5,728 Asian Americans/Pacific Islanders have been reported with AIDS, an additional 548 were reported with HIV infection – in areas with confidential HIV reporting.[1]
- Of the AA/PI adults and adolescents reported with AIDS through December 2000, **males** accounted for **88%** of the cases and females **12%** of the cases. Among the AA/PI male AIDS cases, **72%** were among **men who have sex with men.**[1]
- Ten states account for over three-fourths of the AA/PI population (CA, NY, HI, TX, IL, NJ, WA, VA, FL, MA).[3] **Of these states, only FL, NJ, TX, and VA report HIV data to the Centers for Disease Control and Prevention.** Thus, we do not have a complete picture of how HIV is impacting the AA/PI population.[1]
- Although there have been few HIV/AIDS cases reported in the six U.S.-affiliated Pacific jurisdiction, rapid population growth, high teen pregnancy, sexually-transmitted diseases (STDs) rates, increased mobility, immigration and tourism all point to a potential HIV/AIDS epidemic in the Pacific region; therefore, targeted HIV prevention is critical.
- A recent seven-city study conducted by the CDC found that among **young gay and bisexual AA/PI men** — 3% are HIV positive.[4]
- Among AIDS cases reported in AA/PI **female adolescents and adults** through December 2000, about half (**49%**) were due to heterosexual contact. This percentage is higher than that of any other racial/ethnic group.[1]
- Among AA/PI **females** reported with HIV infection (not AIDS) through December 2000, **41%** had no risk for HIV transmission reported or identified, primarily because they received no follow-up by the time of reporting to determine their mode of exposure.[1] This statistic highlights the need for additional data regarding AA/PI women and their risk for HIV.

OVER

Puerto Rico and the U.S. Virgin Islands

HIV/AIDS infection rates in the Caribbean are among the highest in the world second only to that of sub-Saharan Africa. Know the facts, and join us in the fight against HIV/AIDS!

What We Know...

Caribbean*

- Official estimates show that, as of December 1999, there were 360,000 adults and children living with HIV/AIDS in the Caribbean. By the end of 2000, that number had grown to an estimated 390,000. Due to reporting challenges, however, the real number could be closer to 500,000.[1]
- According to latest data, in the English-speaking Caribbean, HIV/AIDS is now the leading cause of death among men between the ages of 15 and 44.[2]
- Among adult women in the English-speaking Caribbean, HIV/AIDS rates are climbing. The latest data show 35% of HIV-positive adults were women.[3]

U.S. Virgin Islands

- By June 2000, approximately one out of every 300 persons was estimated to be living with HIV/AIDS. This is a minimum estimate because there may be persons with HIV who were not aware of their HIV infection status.
- By June 2000, the primary mode of HIV transmission in the U.S. Virgin Islands, as in the rest of the Caribbean, was through heterosexual contact.[4]

Puerto Rico

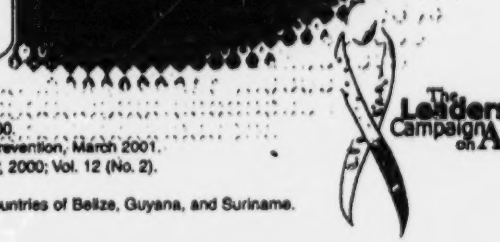
- As of December 2000, Puerto Rico ranked among the top ten U.S. states or territories with the highest cumulative AIDS cases among residents.[5]
- In Puerto Rico, injection drug use was reported as the leading mode of transmission through June 2000. The number of persons who reported HIV infection through injection drug use was more than twice that of the second leading mode of HIV transmission — heterosexual contact.[6]

Let's Take Action!

To address the HIV/AIDS health crisis in the Caribbean, we must confront major challenges including:

- the lack of standardized HIV testing in the region;
- underreporting of HIV/AIDS;
- limited or no access to voluntary and/or confidential HIV counseling and testing; and
- providing services in a socially and economically diverse community.

To learn more about HIV/AIDS in the Caribbean, visit UNAIDS at www.unaids.org or The World Bank at www.worldbank.org. To



[1] UNAIDS, *HIV/AIDS in the Caribbean Fact Sheet*, February 2001.
[2] UNAIDS, *AIDS Epidemic Update*, December 2000.
[3] The World Bank, *HIV/AIDS in the Caribbean: Issues and Options*, June 2000.
[4] Based upon TLCA consultation with the Centers for Disease Control and Prevention, March 2001.
[5] Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report*, 2000; Vol. 12 (No. 2).

* The Caribbean includes islands in the Caribbean Sea and the mainland countries of Belize, Guyana, and Suriname.

The Leadership Campaign on AIDS

The Leadership Campaign on AIDS is a program of the Office of HIV/AIDS Policy - (202) 690-5560 – www.surgeongeneral.gov/AIDS

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HIV/AIDS & The United States

- Through December 2000, 774,467 AIDS cases have been reported to the Centers for Disease Control and Prevention (CDC). Of these cases:

  82% were among **men**
  17% were among **women**
  1% were among **children** less than 13 years of age[1]

- **Forty-three** percent of the 774,467 AIDS cases were among Whites; **38%** among Blacks; **18%** among Hispanics; and less than **1%** each in Asian Americans/Pacific Islanders and American Indians/ Alaska Natives (AI/AN).[1]

- Of the adult and adolescent Hispanics reported with AIDS in the United States through December 2000, roughly **82%** were men.[1]

- In 2000, men of color represented **47%** of AIDS cases among men who had sex with men. By comparison, in 1989, men of color represented only **31%** of AIDS cases in men who had sex with men.[2]

- The 10 states or territories reporting the highest number of AIDS cases cumulatively among their residents are as follows: New York, California, Florida, Texas, New Jersey, Illinois, Puerto Rico, Pennsylvania, Georgia, and Maryland.[1]

- Through December 2000, in areas with confidential HIV reporting, 127,286 persons have been reported as living with diagnosed HIV (not AIDS); in 2000, 21,704 HIV cases were reported from these areas.[1]

- Women accounted for **32%** of HIV (not AIDS) cases reported in 2000 from areas with confidential HIV reporting. Among these, Black and Hispanic women accounted for **77%** of cases. Among men with HIV (not AIDS) in the same time period, Black and Hispanic men accounted for **58%** of HIV cases.[1]

- In areas with confidential HIV reporting, persons ages 13-24 accounted for **16%** of new HIV (not AIDS) cases reported in 2000. Of these persons, females accounted for **47%** of the cases in this age group.[1]

- Women across racial/ethnic groups most commonly report **heterosexual contact** or **injection drug use** as their primary modes of exposure to HIV, while AA/PI females most commonly report heterosexual contact.[1]

- Of the estimated 40,000 new HIV infections each year, greater than **50%** occur among African Americans.

For more information on HIV/AIDS in the United States contact the Centers for Disease Control and Prevention at 1-800-458-5231 or on the Internet at www.cdcnpin.org.

The terms "African American" and "Black" are used interchangeably to include those individuals who self-identify as either. The term "Hispanic" includes those individuals who self-identify as "Latino/a" or "Hispanic."

[1] Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, 2000;* Vol. 12 (No. 2).
[2] Centers for Disease Control and Prevention, HIV/AIDS Among Racial/Ethnic Minority Men Who Have Sex with Men — United States, 1989-1998, *Morbidity and Mortality Weekly Report,* January 14, 2000/49 (01); 4-11.

SAMPLE OP-EDITORIAL

Youth AIDS Prevention Requires a "Community Classroom"

By David Satcher, M.D., Ph.D.
Assistant Secretary for Health and U.S. Surgeon General

Note: We encourage individuals to submit editorials to local papers and newsletters. Please feel free to use this piece that was originally created by the Surgeon General David Satcher, but has been adapted for your use.

One of the most disturbing aspects of the AIDS crisis today is the number of HIV/AIDS cases among youth. Young people, who were born around the onset of the epidemic, are now among those being hit hardest by the disease.

A shocking one-fourth of new HIV infections in the United States are among 13-to-21-year-olds, and about half are among people under age 25. Furthermore, two-thirds of the nation's 12 million cases of sexually transmitted diseases, which have been proven to increase the risk of HIV infection, occur among those under 25. These numbers say that we cannot continue to place the brunt of responsibility for youth HIV/AIDS education on our schools. I think we need to make the broader community a classroom for AIDS prevention by forming new partnerships between education and community groups.

Providing young people with the knowledge, skills and options to make wise decisions about protecting themselves from HIV--and other health risks--is a community responsibility. Just who is that community? It surely includes the school system. But it also extends to such entities as neighborhood groups and social and religious organizations. And we cannot leave out the entertainment media -- television, movies, and music. Prevention efforts can and must take place in multiple arenas.

This broader definition of community is critical when we address such challenges as helping young people deal with sexual identity and self-esteem in a culturally appropriate manner. Schools can and should help young people to address these issues, but community groups are critical in reaching particular groups of youth, such as young women of color, young men who have sex with men, and homeless/runaway adolescents.

We have learned that progress has been made in HIV/AIDS prevention work among youth. Proof is in the overall decrease in numbers of young people who are initiating sexual activity and an increase in the number practicing safer sex. Nevertheless, among young people,

SAMPLE OP-EDITORIAL – *continued*

specifically young people of color, HIV/AIDS is increasingly a major threat. We know what we need to do to improve our HIV/AIDS prevention efforts. But fears about frank discussions on human sexuality, risky behaviors, and prevention measures have resulted in many school-based and community HIV/AIDS programs being less than straightforward and comprehensive. School leaders and community agencies can help each other craft new strategies to prevent the spread of HIV among youth.

We can learn from experience how to bring good programs to more schools and communities. I commend the National School Boards Association (NSBA) and the National Association of State Boards of Education (NASBE) for working together. These organizations represent state and local education policymakers who have been involved for many years to first confront HIV/AIDS discrimination and then to motivate education leaders to bring AIDS education to the classroom. Organizations such as these are a good starting point from which to build partnerships with parents, community groups, health providers, and religious organizations.

In forming these partnerships, people will have many ideas about what should be talked about in HIV/AIDS education. Some of these discussions will be controversial, but candid dialogue is far better than-silence, which can only lead to greater HIV risk among young people. We have an obligation to better ensure that we provide the information and the tools for youth to successfully navigate their lives.

I turn to the motto of The Surgeon General's Leadership Campaign on AIDS, my initiative to fight HIV/AIDS: "Educate, Motivate, Mobilize." These words can help guide us in building a "community classroom" that will teach us valuable lessons about confronting the HIV/AIDS epidemic that has emerged among some of our youngest citizens.

To learn more, visit my Web site at www.surgeongeneral.gov/aids. You can also contact NASBE at 703-684-4000 or at their Web site (www.nasbe.org) and NSBA at 703-838-6722 (www.nsba.org). The Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion is also a key resource for adolescent and school health information. They can be reached at 770-488-3168, e-mail: HealthyYouth@cdc.gov or via their Web site at http://www.cdc.gov/nccdphp/dash/.

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